

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Medication Delivery System Having Selective Automated or Manual Discharge
the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

As named inventor, I hereby appoint the following practitioner with full power of substitution and revocation to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

Rodney F. Brown, Reg. No. 30,450

Address all correspondence to: Rodney F. Brown
3365 Baltimore Street
San Diego, CA 92117

Phone: (858) 272-8705

Fax: (858) 581-1282

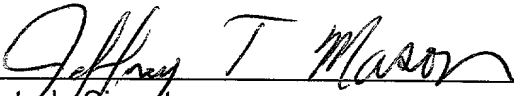
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

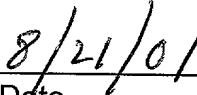
Jeffrey T. Mason

USA

Full Name of Inventor

Citizenship


Inventor's Signature


Date

Escondido, CA

Residence (City, State and Country)

2401 Oak Canyon Place, Escondido, CA 92025

Post Office Address

RFB:0810a.001